

TRINITY COUNTY  
LYNDA HYMAS, TREASURER-TAX COLLECTOR  
PO BOX 1297  
WEAVERVILLE CA 96093-1297  
(530) 623-1251

INSTRUCTIONS  
APPLICATION FOR MOBILE HOME TAX CLEARANCE CERTIFICATE

In order to change the ownership on your mobile home, you or your escrow officer will need to contact the Department of Housing and Community Development (H.C.D.). All mobile homes are registered with H.C.D., however, due to changes in law, your mobile home is either titled by H.C.D., to which you pay an annual licensing fee or taxed on the county tax roll, in which case you will pay an annual property tax bill. If your mobile home is currently on the tax roll, you will also need a Mobile Home Tax Clearance issued by this office.

The tax clearance is only one of the documents that H.C.D. will require. When you contact H.C.D., they will let you know what documents will be required to make the changes for your particular transaction. We recommend that you wait until you receive your packet from H.C.D. before requesting a tax clearance from this office, as the certificate expires after 60 days. If it becomes necessary to issue additional Tax Clearances there may be a fee.

Department of Housing & Community Development  
Registration and Titling  
1135 Pine Street (Room 241), Redding CA 96001 (530) 224-4815  
6007 Folsom Blvd., Sacramento CA 95801 (800) 952-8356

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Buyer/Seller/Escrow Officer,

Please complete all areas on the attached application. Attach a copy (not the original) of the most current Registration Card (8 1/2" X 11" sheet). If you cannot locate registration #s, decal #s etc. please check with your real estate agent, escrow officer or H.C.D. Indicate whether the completed certificate should be mailed to the escrow, or the buyer/seller. Please allow 5 working days for processing.

When the tax collector's office receives your application, it is routed to the Trinity County Assessor's Office for determination of any taxes assessed. If taxes are due, full payment must be made to the Trinity County Tax Collector before this office issues a Tax Clearance Certificate. As per Revenue and Taxation code § 2186, if the mobile home is taxed on the county tax roll, the owner of record as of January 1 of each year is responsible for payment of taxes.

Please contact this office if you have any questions regarding the Tax Clearance application.

# APPLICATION FOR MANUFACTURED HOUSING TAX CLEARANCE CERTIFICATE (from website)

Reason for requesting (Sale, name change, financing, etc.): \_\_\_\_\_

This transaction involves:

Unit(s) only: \_\_\_\_\_

Est. Date of sale or closing of escrow: \_\_\_\_\_

Unit(s) and land: \_\_\_\_\_

Is there an escrow?: \_\_\_\_\_ Escrow#: \_\_\_\_\_ Escrow Officer Name : \_\_\_\_\_

Name and address of Escrow Company: \_\_\_\_\_

## DESCRIPTION OF MANUFACTURED HOUSING

Label/Serial #(s): \_\_\_\_\_

Year & Make: \_\_\_\_\_

Insignia # : \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Decal # (s): \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Current Location of Unit(s): \_\_\_\_\_

Parcel # : \_\_\_\_\_

# Of Unit(s): \_\_\_\_\_

## OWNER/SELLER & LOCATION INFORMATION

Sellers (If different than registered owner)

Name and address: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Was Unit(s) Moved?: \_\_\_\_\_ Date Moved to Current Location : \_\_\_\_\_

Date applied to HCD for change in ownership : \_\_\_\_\_

### Information from current HCD registration/title

Registered Owner's: \_\_\_\_\_

Legal Owner (if there is a lien holder)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## NEW OWNER/PURCHASER & LOCATION INFORMATION

Name: \_\_\_\_\_

Legal Owner (if there will be a lien holder)

Mailing Address: \_\_\_\_\_

Name: \_\_\_\_\_

Future Location of Unit(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parcel#: \_\_\_\_\_

Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Please allow 5 working days for processing

Return Completed Application to: TRINITY COUNTY TAX COLLECTOR  
P.O. Box 1297, Weaverville Ca 96093-1297 (530-623-1251)

### Below areas to be completed by County departments

TAX COLLECTOR DEPARTMENT		ASSESSOR DEPARTMENT	
Date:	Clerk Initials:	Date:	Clerk Initials:
Value		Is this MH assessed on the APN shown above:	
Tax Rate		APN:	
200_ Taxes		TRA:	
Current		Roll yr.:	
Supplemental		Date Added:	
Delinquent		Date Deleted:	
		Assessment:	
TOTAL:		Entry Month:	

# APPLICATION FOR MOBILEHOME TAX CLEARANCE CERTIFICATE

Reason for requesting (Sale, name change, financing, etc.) \_\_\_\_\_

Escrow# \_\_\_\_\_

Name and address of escrow company \_\_\_\_\_

## DESCRIPTION

Serial # \_\_\_\_\_ Year & Make \_\_\_\_\_  
 State # \_\_\_\_\_ Purchase Date \_\_\_\_\_  
 Decal # \_\_\_\_\_ Purchase Price \_\_\_\_\_

Registered Owner's Name \_\_\_\_\_ Purchaser's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Legal Owner Address \_\_\_\_\_ Legal Owner Address \_\_\_\_\_

Current Location of \_\_\_\_\_ Current Location of \_\_\_\_\_

Mobilehome Parcel# \_\_\_\_\_ Mobilehome Parcel# \_\_\_\_\_

This transaction involves: Mobilehome only \_\_\_\_\_ Mobilehome and land \_\_\_\_\_  
 Date mobilehome was sold or moved \_\_\_\_\_  
 Date: \_\_\_\_\_

Return Completed Application To:

**TRINITY COUNTY TAX COLLECTOR**  
**PO Box 1297**  
**Weaverville CA 96093-1297**

Applicant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_

Phone# to contact of finished application : \_\_\_\_\_

Please allow 5 working days for processing

TAX COLLECTOR INFORMATION		ASSESSOR INFORMATION
Date:	Clerk Initials:	Date:
Value		APN
Tax Rate		TRA
199 Taxes		Roll yr.
Current		Date Added
Supplemental		Date Deleted
Delinquent		Supplemental
		Assessment
TOTAL:		Entry Month